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rice: U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95	U.S. Department of Comr Patent and Trademark		Attorney D Number	ocket	9793/035		***				
DECL	First Name Inventor	ed	Gerber, Martin								
	COMPLETE IF KNOWN										
Declaration Submitted	OR Declaration Submitted after		Application	lication Number Unknown							
With Initial Filing	Initial Filing		Filing Date)	Herewith						
			Group Art	Unit	Unknown						
			Examiner	Name	Unknown						
As below named Inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
SUBCUTANEOUS ANALYTE		III OII UIO IIITOINIO	M enulou.		···						
		(Title of th	e Invention)								
the specification of which											
☑ is attached hereto OR											
was filed on (MM/DD/YYYY)		as Unite	ed States Appl	lication Numb	er or PCT Inte	emational Application	n Number				
	and was amer	ided on (MIW/DD/	mm			(if applica	ble)				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56											
I hereby claim foreign priority ber certificate, or § 365(a) of any PC have also identified below, by ch filing date before that of the appli	nefits under Title 35, United S T international application wheeking the box, any foreign a	States Code § 19 nich designated a pplication for pate	(a)-(d) or § 36	5(b) of any fo	reign applicat an the United	ion(s) for patent or in States of America. I	isted below and				
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Prior Foreign Application Number(s)	Country	Foreign Filia (MM/D/Y		Priority No	t Cialmed						
						YES	NO				
None											
]						
Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:											
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below											
Application Number(s	s) Filing	Date (MWDD/Y	m	Additional provisional application numbers are							
None						n a supplemental sheet attached					

DECLARATION							ge 2								
I hereby claim the b international applica claims of this applic first paragraph of T patentability as defin prior application and	ation de cation is itle 35, ned in '	signating to not disck United Sta Title 37, Ca	the Unite sed in to tes Cod ode of F	ed States ne prior U e § 112, I ederal Re	of Am Inited : ackno gulatio	erica, list States or owledge tons § 1.5	ted bel PCT I the du 6 whic	ow and, in Internation by to disclo th became	isofar as the ial applicatio ise informati	subject n in the on whic	t matt : manr :h is n	er of each o ner provided naterial to	of the I by the		
U.S. Parent Application PCT Pare						rent		Pa	rent Filing D			Parent Patent Numb			
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As a named inventor Patent and Tradem	or, I hei ark Off	reby appoil	nt the roi ted ther	iowing aπ ewith:	orney((s) and/o	ragem ———	(8) to pros	secute this a	ppicau	Onan	1 (U trainsac	er all Dasilie	35 III UIC	
Firm Name	Br	inks ł	lofe	r Gils	on	& Li	one		Payor Number (if applic						
		Name				Regist Num			N	lame			Registr	ation Number	
Lawrence A. Steward							09								
David H. Ba	dger	•				22,5	97								
Dean E. Mc	Conr	nell				44,9									
Sanders N. I	Hillis	;				45,712									
A. James Ri	char	dson				26,9	83								
Additiona	al attor	ney(s) and	or agen	t(s) name	d on a	supplen	nental	sheet attac	ched hereto.						
	all corr	espondenc	e to:	N	lame	Lav	wren	ce A.	Steward	<u> </u>					
Address	BR	INKS I	HOFE	R GIL	<u>.SO</u>	N & L	ION	Ε							
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City	Ind	lianapo	lis				State	Indiana ZIP					4620	04-2033	
Country	U.S	S.A.		Teleph	one	317-	636	-0886	36 Fax 317-634				1-6701		
I hereby declare that are believed to be to made are punishable false statements m	rue, an de by fi	d further the	nat these sonmen	statement, or both,	nts we under	re made r Section	with th	ne knowled of Title 18	ige that willfi of the Unite	ul false	stater	nents and ti	he like so		
Name of Sole or Firs	t Invente	Of					Α	petition has	s been filed fo	or this un	signe	inventor.			
Siven Martin Middle Initial					amily ame	Gerber				Suffix					
Inventor's Signature										Date					
RESIDENCE: City Indianapolis State						∌ IN		Country	US			Citizenship			
POST OFFICE ADDRESS 9115 Hague Road															
City	Indiana	apolis	State	IN	ZIP	46	5250	Country	US			Applicant Authority			
Addition	al inver	ntors are b	eing nan	ned on su	pplem	ental she	eet(s) 8	attached h	ereto.		^ _				

	DECLARATION							ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional J	oint Inve	entor, if any:				A petition has been filed for this unsigned inventor.							
Given Name	Matti	hias		Middle Initial		Family Name	Essenpreis			Suffix			
Inventor's Signature									Date				
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POST OFFICE ADD	RESS		2929 7	r th Street					<u></u>				
City	Berkel	ey	State	CA	ZIP	94710	Country US			Applicant Authority			
Name of Additional J	oint Inve	entor, if any:	:		[A petition ha	as been filed fo	or this unsigne	d inventor.			
Given Name	Wolf	fgang		Middle Initial		Family Name	Petrich			Suffix			
Inventor's Signature									Date				
RESIDENCE: City		Unknown)		State		Country			Citizenship			
POST OFFICE ADDI	RESS												
City			State		ZIP		Country			Applicant Authority			
Name of Additional J	oint Inv	entor, if any:	:		[A petition ha	as been filed fo	or this unsigne	d inventor.			
Given Name		Middle Family Name						Suffix					
Inventor's Signature								Date					
RESIDENCE: City State						Country			Citizenship				
POST OFFICE ADDI	RESS												
City			State		ZIP		Country			Applicant Authority			
Name of Additional J	oint Inv	entor, if any:	;		[A petition ha	as been filed f	or this unsigne	d inventor.			
Given Name		Middle Family Name						Suffix					
Inventor's Signature									Date				
RESIDENCE: City	State Country						Citizenship	<u> </u>					
POST OFFICE ADDI	RESS									·			
City			State		ZIP		Country			Applicant Authority			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor.													
Given Name				Middle Initial		Family Name				Suffix			
tnventor's Signature								Date					
RESIDENCE: City State Country Citizenship													
POST OFFICE ADDRESS													
City			State		ZIP		Country			Applicant Authority			
Additional inventors are being named on supplemental sheet(s) attached hereto.													